

APHIS Emergency Responders Requirements for Being an Emergency Responder

Employee and Supervisor are responsible to complete the following steps:

- 1) Designation as an Emergency Responder
 - a) Role that the designated Emergency Responder will play
 - b) Training for that role (to include but not necessarily all of the following)
 - i) HAZWOPER
 - ii) Respiratory Protection
 - iii) AgERT
 - iv) ICS Safety Officer
 - v) Program requirements and procedures
 - vi) Other Program requirements and procedures
 - vii) Agency requirements and procedures
- 2) Medical Surveillance
 - a) Complete the APHIS Form 29 and submit to Judy Ma, FOH. Fax Number 415-437-8850
 - b) Once notified by FOH that Medical Surveillance Plan (MSP) has been developed and clinic designated, schedule physical at that clinic.
 - i) Physical for respirator medical clearance will include, as a minimum, the below listed tests and/or procedures:
 - (1) Physical will include the following:
 - (a) Healthcare provider reviews, signs, and dates the OSHA Respirator Medical Evaluation Questionnaire (Mandatory)-Attachment A
 - (b) Medical History and Physical Exam
 - (c) Record medical history and physical examination on Federal Occupational Health Form 5 (included)
 - (d) Height (actual measurement), weight (actual measurement), temperature, pulse, respirations, and blood pressure. If blood pressure is abnormal, repeat readings X2 and record.
 - (e) Visual acuity includes near and far vision, with glasses or contacts. Also includes color vision and peripheral vision. Use of Titmus or Sight Screener recommended.
 - (f) Audiometry must be conducted with equipment that meets the specifications of, and is maintained and used in accordance with ANSI Specifications for Audiometers S3.6-1969. Pulsed-tone and self-recording audiometers (microprocessor audiometers) must meet the requirements specified in 29CFR1910.95 Appendix C. Required frequencies to be tested are 500, 1000, 2000, 3000, 4000, 6000, and 8000 Hertz. True hearing thresholds must be obtained at all frequencies. Retest audiograms will be repeated within 30 days if a Standard Threshold Shift appears to have occurred, to validate the shift.
 - (g) Chest x-ray (PA only) for baseline.
 - (h) Electrocardiogram (EKG)-12 lead EKG.

- (i) Spirometry to be done per National Institute of Occupational Safety and Health (NIOSH) using certified, regularly calibrated equipment, and personnel who have successfully completed a NIOSH approved course in spirometry (consistent with applicable sections of 29CFR1910). Readings should include FVC, FEV1/FVC ratio. Best three curves to be printed out and results expressed as observed, predicted, and percent of predicted.
- (j) Lab Tests (fasting)
 - (i) Complete Blood Count (CBC)
 - (ii) Routine urinalysis
 - (iii) Liver profile (ALT, AST, Alkaline phosphatase, and total bilirubin)
 - (iv) Renal Profile (Creatinine and BUN)
 - (v) Immunizations, vaccines, and medications
 - 1. Current season's influenza vaccination is required within the past 6 months; if longer than 6 months administer vaccine (as available).
 - 2. Examinee shall have documentation of an adult tetanus-diphtheria booster within the last 10 years. Without such documentation, administration of an adult tetanus-diphtheria booster is required.
 - 3. Examinee is to be given a prescription for Tamiflu® 75 mg. with directions to take one capsule every 24 hours each day while potentially exposed to highly pathogenic avian influenza, H5N1, and to continue for one week after leaving the site of potential exposure with a dosage of one capsule every 24 hours. The total amount of Tamiflu® should not exceed a 6 week supply.
 - 4. If examinee is traveling to a foreign country and the travel medicine evaluation determines that the individual needs vaccination(s) and/or prophylactic medications (required and/or recommended) the healthcare provider is to administer as clinically indicated.
- 3) Respirator Fit-Testing
 - a) Scheduling fit-test and supplying proof of medical clearance when scheduled
- 4) Procurement of required Personal Protective Equipment (PPE) to include the respirator(s) fit-tested for.
 - a) Establishing a mechanism to obtain new or replacement PPE if PPE is no longer serviceable or damaged